

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37 CFR 1.53(b))		Attorney D cket N . 09792909-5667 First Named Inventor or Application Identifier Arata K bayashi Express Mail Lab I N : EV328245465US	22154 U.S. PTO 10/665610 09/19/03																									
ADDRESS TO: Mail Stop: Patent Applicati n Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																												
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ACCOMPANYING APPLICATION PARTS																										
1. <input checked="" type="checkbox"/> Specification Total Pages <u>42</u> 2. <input checked="" type="checkbox"/> Drawing(s) (35USC 113) Total Pages <u>6</u> 3. <input checked="" type="checkbox"/> Declaration and Power of Attorney Total Pages <u>3</u> a. <input type="checkbox"/> Unexecuted(original or copy) b. <input type="checkbox"/> Copy from prior application (37CFR 1.63(d)) (for continuation/divisional with Box 14 completed) [Note Box 4 Below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior appln. see 37 CFR 1.63(d)(2) and 1.33(b). 4. <input type="checkbox"/> Incorporation By Reference (usable if Box 3b is checked) The entire disclosure of the prior application, from which a Copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		5. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documentation) <u>Sony Corporation</u> 6. <input type="checkbox"/> Letter under 37 CFR 1.41(c). 7. <input type="checkbox"/> English Translation Document to follow (if applicable) 8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> Preliminary Amendment 10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 11. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior Application, Status still proper and desired 12. <input checked="" type="checkbox"/> Certified copy(ies) of Japanese priority application(s) No(s). P2002-279125 filed September 25, 2002.																										
14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> of application No:																												
CLAIMS AS FILED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(1) FOR</th> <th style="width: 20%;">(2) NUMBER FILED</th> <th style="width: 15%;">(3) NUMBER EXTRA</th> <th style="width: 15%;">(4) RATE</th> <th style="width: 35%;">(5) BASIC FEE \$750.00</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td style="text-align: center;">10</td> <td></td> <td style="text-align: center;">\$18.00</td> <td></td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">84.00</td> <td></td> </tr> <tr> <td colspan="3"> ANY MULTIPLE DEPENDENT CLAIMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="text-align: center;">280.00</td> <td style="text-align: center;">280.00</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">TOTAL FEE</td> <td style="text-align: center;">\$1,030.00</td> </tr> </tbody> </table>				(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$750.00	TOTAL CLAIMS	10		\$18.00		INDEPENDENT CLAIMS	1		84.00		ANY MULTIPLE DEPENDENT CLAIMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			280.00	280.00				TOTAL FEE	\$1,030.00
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<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 19-3140. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Please charge attorney's firm American Express Account No. <u>378571697401002</u> in the amount of \$ <u>1,030.00</u> to cover the above fees. PTO Form 2038 is enclosed for that purpose. <input type="checkbox"/> A check in the amount of \$ to cover the filing fee is enclosed.																												

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